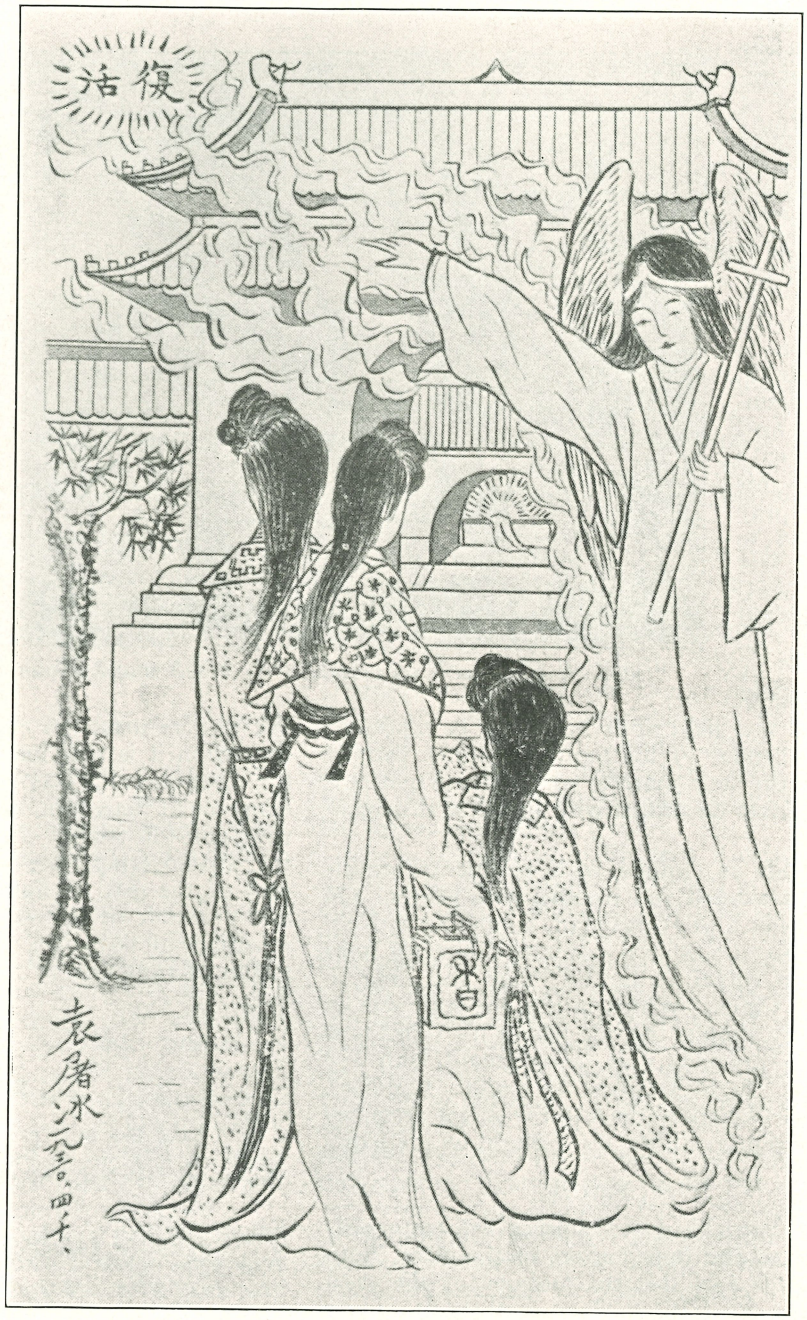
The MEDICAL MISSIONARY



From Bulletin des Missions — Jacques Yuann Thou Ping

EASTER MORNING

Vol. V. MARCH, 1932 No. 6

THE MONTH OF MARCH

THE 31 days of March are full of variety for those who live with the Church. The austerity of lent is interrupted by "Laetare Sunday," when the Church appears in rose-colored vestments, allows flowers and music at Mass and exhorts us to joy.

St. Francis Xavier

The novena of grace to St. Francis Xavier begins on the fourth and ends on the twelfth of the month. This year the powers of intercession of the great Apostle of the Indies are brought more to our notice, as his body is actually now exposed to the veneration of the faithful in Goa. Hundreds and thousands flock to his tomb to pray there and to touch the feet of the well preserved but shrunken remains. The veneration in which he was held after his death is expressed by the splendor of his tomb, the outer part of which is precious marble, whilst the actual coffin is of silver decorated with priceless ornamentation.

Shrine of St. Joseph in the Grounds of the Medical Mission Motherhouse

The body is clothed with vestments beautifully embroidered and studded with pearls. On his right lies a pilgrim's staff, a suitable emblem for a missionary, whose insatiable desire for souls made him travel as far as Japan and long to penetrate China. Whilst in life, the staff was no doubt very simple, the one beside his relics now is a very precious one, being inlaid with 194 emeralds. Besides Goans and other Catholics, many non-Christians flock to the shrine attracted by the accounts of miracles wrought by the Saint.

St. Patrick

On St. Patrick's day, shamrock will be proudly displayed on the four corners of the globe, testifying to the fact that the memory of the great Apostle of the Irish is green in their hearts, no matter where they are, even 1,500 years after the beginnings of his labors of conversion in Erin.

St. Patrick no doubt had his ups and downs, and a life full of toil and fatigues, but nevertheless, he must be the envy of many a present-day missionary. Converting in one life time a whole country, without bloodshed, is an unparalleled success in mission history!

St. Joseph

On March 19 is the feast of St. Joseph. Not one word spoken by him is recorded and his biography is very short. Yet no doubt volumes and volumes could be written with accounts of the graces and favors he has obtained for those who laid their petitions before him with confidence.

Easter

The Resurrection, the glorious end of the Passion of Our Lord, makes Easter a feast full of joy. It is a guarantee of our own resurrection after a life of trial. This conviction it is that makes Catholics as a whole the most cheerful people. This is perhaps more apparent to those who come constantly in contact with non-Christians. Easter, the great feast of joy, should bring vividly to our minds the greatness of the gift of Faith, as well as sentiments and gratitude of appreciation of it and a determination to cooperate in the dispelling of the gloom of paganism at the cost of personal sacrifice.

ALLELULIA

Like the sun from out the waves,
He has risen up in triumph
From the darkness of the grave.
He's the Splendor of the Nations,
He's the Lamp of Endless Days.
He's the very Lord of Glory
Who has risen up today.

The MEDICAL MISSIONARY

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MALARIA

By Dr. Anna Dengel

SIR MALCOLM WATSON, of the Ross Institute of Tropical Diseases, says that malaria is the most deadly disease of today.

I suppose the missionary in India who has not one or more attacks of malaria on his credit book for heaven is an "avis rarus."

The writer had an attack two weeks after arrival in India and thus learned early in her career to sympathize with sufferers from malaria. And sympathy they deserve, for there is usually intense headache and backache, nausea, and in the first stage shivering, with a sensation of great coldness, although the temperature is rising steadily. It may reach 105° F. or more, and remains elevated during the four to six hours of the hot stage and then falls rapidly during the perspiring stage. The patient then feels relieved, although weak. After an interval of one, two or three days the fever recurs, unless there is prompt treatment. The blood is impoverished and the spleen may become enlarged. Malaria is caused by parasites of the protozoa group, termed plasmodiae. There are three known types, each of which causes a distinct fever:

The benign tertian in which the fever recurs every third day.

The quartan, in which it recurs every fourth day.

The malignant tertian in which the fever does not occur at regular intervals, but usually about every 36 hours.

The parasites are injected into the body by mosquitoes called Anopheles, which act as carriers of the disease from the sick to the healthy. They are in the saliva of the mosquito and enter the blood at the time when it bites. The incubation period is from eight to twelve days. Sometimes the parasites are destroyed by the phagocytes of the blood without causing fever, sometimes they lie dormant in the spleen, but usually they multiply rapidly and cause fever and recurrences as often as young forms are liberated from red blood cells and penetrate others.

It is fortunate that we possess a specific remedy for malaria in quinine, which is taken both as a curative and in smaller doses also as a preventative. Quinine as a remedy for fever was probably already known to the Indians; at any rate in the time of the Incas. In the year 1640 it was taken from Peru to Spain by the Countess Chinchon, who was cured by it and who wanted to make its valuable properties known in Europe. The powdered bark was known for a long time as "Countess' powder" and later as "Cardinal's powder" and "Jesuits' powder," as the latter were instrumental in distributing it far and wide. Now quinine is used all over the world and is brought by missionaries and government officials to the remotest parts of the earth.

Prevention

"Prevention is better than cure" applies to malaria as well as to all other diseases. It is, however, a difficult problem. The radical means of course are the destruction of the Anopheles mosquitoes and the protection of the individual from their bites.

The former can be carried out only partially under present conditions by draining pools, ponds and ditches so as to deprive the Anopheles of breeding places or by pouring petroleum or chemicals on the water to kill the larvae and eggs. Drainage is, however, not always practical, as it may make the land unproductive; this applies specially to rice crops. And chemicals and petroleum may destroy fish, which are a valuable food. Spraying of houses and stables is useful, but rather expensive.

The protection of individuals consists mainly in living in mosquito-proof houses, in using mosquito nets and in selecting sites free from breeding places, cutting down brush and weeds near habitations and watching carefully tanks, barrels, gutters and avoid having old tins, pots and bottles that accumulate stagnant water in the vicinity of houses. It is well known that mosquitoes prefer the lower floor; therefore the upper are preferable for sleeping purposes. Also, they rest during the day and come out in the evening, so it is important that the mosquito net should be arranged before they appear. The meshes of the net should be very small—16 or 18 to the inch. Smoking cigars or cigarettes or burning highly scented sticks or applying citronella or a highly saturated solution of Epsom salts or pine products to the skin are some of the more or less successful ways of keeping them at a distance.

People who suffer from malaria or who harbor

the parasite without actually having fever, as many natives do, should be carefully protected from the bites of mosquitoes. Sir Ronald Ross says that in the tropics a bite of a mosquito should be dreaded as much as the bite of a mad dog.

Prevalence of Malaria

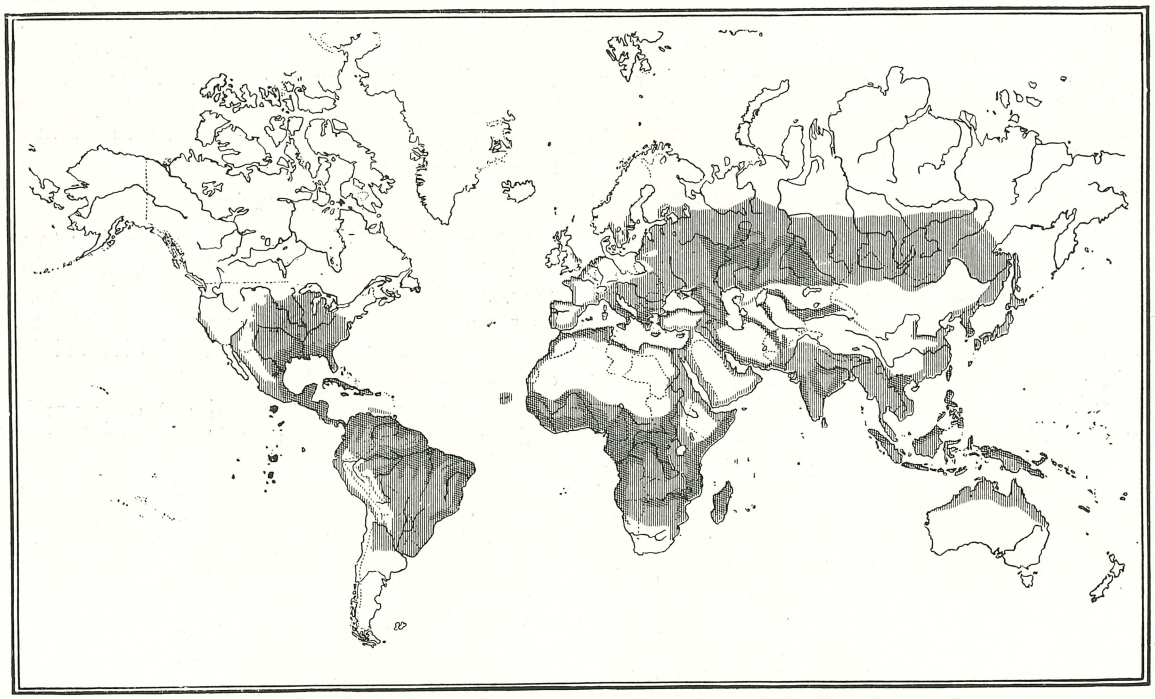
Malaria, which is also called remittent fever, intermittent fever, ague, marsh fever and jungle fever, was already known to Hippocrates, the father of medicine. He thought that it was connected with bile. The passage in Deuteronomy (28:22), "May the Lord afflict thee with miserable want, with the fever and with cold, with burning and with heat, and with corrupted air and with blasting, and pursue thee till thou perish," has been cited as evidence of malaria in Egypt. Almost in the whole world with the exception of the cold regions, malaria has wrought untold havoc for centuries. Jones, in his work, *Malaria a Neglected Factor in the History of Greece and Rome,* writes: "Malaria made the Greek feeble and inefficient; it turned the sterner Roman into a blood thirsty brute."

At the beginning of the sixth century a sudden decline of malaria in Italy coincided with the cessation of the invasion of the country by foreign hordes and the introduction of economic improvements by the Benedictine Monks.

So far as Italy in the Middle Ages is concerned, it would appear that periods of comparative improvement in malarial conditions alternated with others in which the epidemic broke out anew and the political history of the country was closely connected with the history of malaria.

There is an interesting self portrait of Albrecht Dürer (1471-1528), who contracted malaria on his visit to Holland. He marked the area over the spleen and pointed with his finger to it, sending it for diagnosis to his doctor in Cologne with the remark: "where the spot is, there is the pain." From that time on, Dürer's cashbook shows a constant increase of expense for medical attendance. In England, there were many epidemics of malaria in the Middle Ages.

The map on this page shows the geographical distribution of malaria at the present day. Professor Renier Miller, of Cologne, estimates that each year throughout the world about 800,000,000 people suffer from malaria, which seems almost unbelievable, and Sir Ronald Ross, one of the outstanding malaria research workers, says that approximately 2,000,000 fatal cases occur every year.



Distribution of Malaria in the World From Malaria and Quinine, Amsterdam

Personal Experience in India

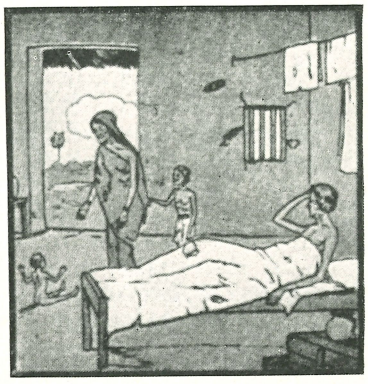
When one is in charge of a hospital and dispensary in India, one sees much malaria, both acute and chronic. Patients drag themselves to the hospital when they have fever and especially going into the houses of the city and into the villages one finds patients with fever, which frequently is malaria. Those who can afford it, buy quinine; the poor get it free in accessible places. The Government even sends men into the villages to distribute it. In the country white people are often stopped on the road and asked for quinine.

Many cachectic cases are seen both in the dis-

pensary and in the homes: people very much emaciated, of a sallow complexion, extremely anemic, with a prominent spleen and a general debility and lassitude that one wonders how they have the energy to come. The difficulty with patients at that stage is, that it requires prolonged treatment with quinine and iron and general building up. Many lose confidence when they are not improved by one bottle of medicine and, as far as the building up is concerned, the wherewith is lacking. Oftener than not, they are very poor and lack the proper housing, proper food and care. In a country like India, for instance, where the average annual income of a person is $40, 80 percent of which is spent on food and clothing and only 20 percent left for other necessities of life, it would not be practical to prescribe foods and medicines, the cost of which would be beyond their means, unless the government or the mission could give them, which of course is often the case.

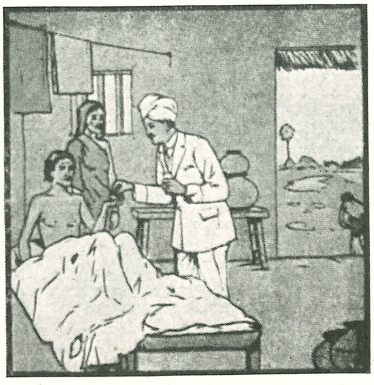
Many babies and children affected with malaria are brought for treatment. Having less resistance than adults, the mortality among them is greater. An example of how the natives turn to missionaries in times of trouble may be illustrated by an incident of personal experience.

Once when returning with two Sisters from Kashmir to India, we stopped halfway in a little rest house where a bed without bedding is put at the disposal of travelers for the sum of R 1. (37 cents). When we had fixed our beds, we went to the post office to mail a letter. The postman, a Kashmiri, was lying on a string bed in front of it; he had a temperature of 104° F. and was of course not able to attend to business. He had sent word to headquarters in Srinagar and asked for a substitute, but none had come. He said that they would not believe that he was sick. He asked me to write a letter to the authorities stating the case, which would surely be believed. He was right. As a result of my letter a substitute was sent immediately, also a letter thanking me. The poor man was relieved of his responsibility temporarily and was also given quinine. His confidence was not in vain. There were other Europeans passing through, but he asked us, because we were missionaries, which was quite natural. Frequently, however, any white person is asked for medical aid, especially quinine.



The breadwinner down with malaria, money gone, family starving

Wife selling her ornaments, stopped by wise man who sent for the doctor



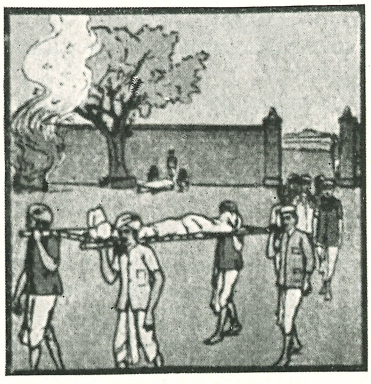
From an Indian poster
Doctor administered quinine

Effects of Malaria

It goes without saying that malaria is connected with a great deal of suffering. Apart from this, its great importance lies in its invaliding tendency

Patient recovered, wife and children happy

Quinine is the only remedy for malaria. Obtain it from doctor, post office or village



From an Indian poster
The man who refused quinine

and consequent economic loss. To take India, since there is scarcely a part of it free from malaria, as a concrete example: As many as 8,000,000 people were treated in the hospitals for malaria in one year, and the number who do not come for treatment is immense. No more accurate details can be given. According to the official Indian Year Book, the consequences of malaria for the country's economic welfare are appalling. The actual working days lost must amount to millions annually and there is the widespread loss of efficiency which follows the general weakening effects. In the following resolution passed in 1926 at the All-India Conference of Medical Research Workers, malaria takes a large share. It ran as follows: "This Conference believes that the average number of deaths resulting every year from preventable disease is about 5,000,000 to 6,000,000; that the average number of days lost to labor by each person in India from preventable disease is not less than a fortnight to three weeks in each year; that the percentage loss of efficiency of the average person in India who reaches a wage-earning age is about 50, whereas it is quite possible to raise this percentage to 80 or 90. The Conference believes that these estimates are understatements, rather than exaggerations, but, allowing for the greatest possible margin of error, it is absolutely certain that the wastage of life and efficiency which result from preventable disease costs India several hundreds of crores (one crore is 10,000,000) of rupees each year. Added to this is the great suffering which affects many millions of people every year. The Conference believes that the greatest cause of poverty and financial stringency in India is loss of efficiency resulting from preventable disease. . . ."

Besides it is easily understood that people whose health and vitality is undermined by chronic malaria have no ambition to extricate themselves from that attitude of mind which makes them passive instruments in the hands of a higher power instead of active cooperators. It is certainly one of many factors, but an important one, which explains apathy towards progress, towards higher moral standards, towards the ideals of the Christian religion and towards progress and well-being in general.

Missionaries come in close contact with malaria victims. Through their education, they can introduce measures of prevention, explain to the natives in simple ways the mode of the spread of the disease and the use of quinine as a remedy. Thereby they do what they would like to have done to themselves, and make the body a more efficient instrument for the mind and soul. Results will not be lacking.

The efficiency of missionaries themselves is very frequently curtailed by malaria. Men and women of a certain caliber which, unfortunately, is not very common, prepare themselves for years at the cost of much effort and expense on their part and that of others to a life work which requires energy and optimism. Ill health is an enemy of both. That army of infinitesimally small plasmodiae injected by that despicably insignificant little mosquito can make the life of a missionary pretty miserable, especially if he is far from medical aid and proper care or if he is careless himself about his health. By lowering his capacity for work they can be a mighty foe and an obstacle to his success, just as it has stayed mighty armies in their pursuit of conquests.

Every missionary of course aims at the development of a good Christian community. It has happened that owing to epidemic diseases and fevers whole settlements of Christians were wiped out or considerably reduced in numbers, which humanly speaking at least is a great loss to the development of the Church in these countries. With the great progress of recent years to give medical instruction to missionaries, the importance of preventive measures against diseases such as malaria in crèches, schools, and orphanages will contribute materially to the lessening of mortality and morbidity among the native Christians and thereby strengthen the Church. The priest, the teacher and the health expert all have their separate sphere in the missions, but the combination seems necessary to supply to the needs of the *whole* man, soul, mind and body.

THE REWARD OF GENIUS

The names of Laveran, Grassi and Ross will be forever associated with malaria, for they were the main links in the chain of our present day knowledge of the cause and spread of this plague of the world. Sir Ronald Ross is an old man now and he shares the fate of many productive geniuses to whom the world owes a great debt of gratitude: poverty. His brother physicians, however, have opened a subscription list for him. They and others are invited to send a contribution to the secretary of the fund: Dr. Robert L. Pitfield, 5211 Wayne Ave., Philadelphia, Pa.

The Medical Missionaries are attired in practical grey at home; in the missions in white

THE SOCIETY AT HOME AND ABROAD

WASHINGTON

THANKS to the kindness of Rev. Father Mathis, C.S.C., Rev. Father McGinn, C.S.C., and Rev. Father Havey, C.S.C., we had a novena of High Masses in honor of Our Lady of Lourdes for the intention of vocations. On the feast of the Apostle St. Mathias, a High Mass was also celebrated for all those who joined in the novena.

Our Librarian indexing books. We are very grateful to a benefactor through whose kindness we recently received about 200 useful books. We have about 2,000 volumes now, mostly on religious, medical and educational subjects. We are aiming at building up a useful library for our Society and appreciate additions very, very much.

Recently, Rev. Father G. J. Blatter, who left three years ago for Afghanistan, returned and is at present a visitor at the Medical Mission House. We hope to get some interesting accounts of his trip.

ENGLAND

Recently two nurses joined the family circle of our little house in England, which brings up the membership to the holy number seven. Rev. Father Palmer, the parish priest of Winchcombe, is extremely kind and helpful to our Sisters, for which of course we are very grateful. Father's interest in Medical Missions was strengthened through a little providential incident. Last summer Father Palmer, when traveling to London, met the Postmaster General of India. In the course of conversation on different topics, the Postmaster General expressed his admiration of the work of Medical Missionaries, both Catholic and Protestant, without knowing of Father Palmer's interest in us. He then of course told him about the Society and the small beginning of a branch house in England.

RAWALPINDI

On February 2, the Holy Family Hospital celebrated its fourth anniversary. In order to accommodate more patients a building is in process of erection to house the members of the Society and the native nurses, who up to now occupied hospital space. We had to raise a loan to do this, and are of course anxious to pay it off quickly. This is not a good time to ask for a substantial sum, but as every little helps, we mention it confidently to our readers.

Sister M. Bernadette writes . . .

"Today lent is starting. The Mohammedan fast closed yesterday. They certainly keep it strictly. Some of them would not even have their throats painted. How little we do in comparison to these people!"

Sister M. Christine . . .

"I am happy to hear that you have a good number of new candidates. Maybe some of them will be here in India by this time next year. At least we hope so. . . .

"It will take a few months before our house will be finished and Father Ellison, our architect, says that we may be able to move into it by August. It will be a great blessing to have it, I think.

"The weather is really lovely now but before we know it, the heat will be here again and my good friends the sand flies and mosquitoes, too. Oh, how I love them! Well, such is life in India. . . ."

DACCA

Sister M. Helen writes:

"We expect to have the annual baby show next month. Last year we received more financial help for it from about six European families than from all the Bengalis combined. They gave as reason, that they did not derive any personal benefit from it. They do not understand yet, the value of a public health demonstration."

R. I. P.

May we ask our readers to join us in praying for the repose of the soul of Rt. Rev. Bishop Shahan, who died on March 9, at his residence, in Washington, D. C. We shall always keep him in grateful memory as one of the first and greatest friends of the Society.

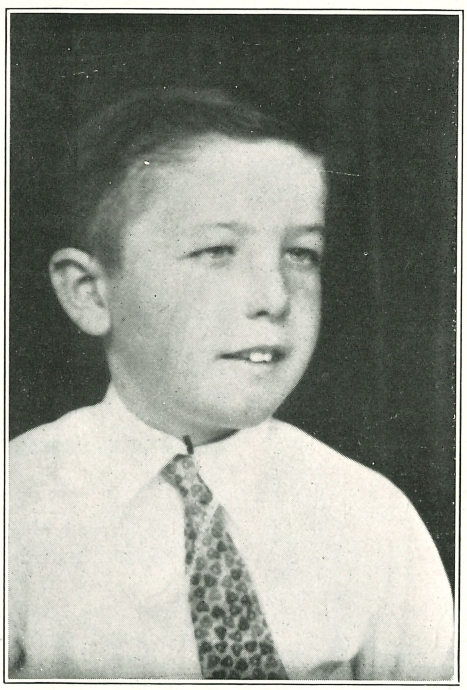
OUR NOVENA FOR VOCATIONS

THE harvest is ripe. This applies now as ever to all phases of mission activity, including the medical. Our Lord Himself said, "Pray ye the Lord of the harvest that He send laborers into His vineyard." And as the prayers of many are more powerful than those of a few, we asked many to join us in a novena for vocations to Our Lady of Lourdes, who has shown herself specially compassionate to the sick. The response to our appeal was wonderful. Besides 5,000 individual names sent in, we received many assurances that the novena was made by whole groups of Sisters, nurses and students and by many of our subscribers. We are indeed more grateful than we can express. To prove our appreciation, we asked Rev. Father Mathis, C.S.C., to celebrate a High Mass for all those who made the novena with us, which he gladly did in our chapel on the feast of the Apostle St. Mathias. On the eve of the feast we asked him to take a name from among those sent in. Although very few boys made the novena, a boy, Daniel Buckley, from Lawrence, Mass., was the privileged one to get the ticket to the Eucharistic Congress and to Lourdes, offered by our benefactor. We wish him many graces as a result of his pilgrimage and a very pleasant trip. We are asking him to remember in his prayers all those who made the novena, at the Grotto of Lourdes, where our Lady deigns to perform so many miracles for body and soul. Our one regret is that we have only one ticket to offer, as many wrote to say how anxious they are to go to the Eucharistic Congress and to Lourdes.

Once more, our most heartfelt thanks to each and everyone who made the novena with us, and may we ask an occasional memento also in the future.

A FEW WORDS ABOUT "OUR PILGRIM"

God's ways are not our ways. If the choosing would have been in our hands, we would probably in our cool, common sense have selected a Sister who has aged parents in Ireland, or a poor sufferer who thinks that she could be cured at Lourdes of her spinal disease, or a young lady who could write glowing accounts of all she sees and hears. It would not have occurred to us to choose a child. But the lot fell on Daniel Buckley, a 9-year-old boy of St. Patrick's parish, in Lawrence, Mass., and we rejoice with him.



Master Daniel Buckley

Master Buckley is a page in the Crusaders of the Blessed Sacrament, and is listed on the honor roll of the order at the St. Louis, Mo., headquarters. He is a member of the Sanctuary Society of St. Patrick's Church and is the youngest of the eight children of Mrs. Julia M. and the late Patrolman John H. Buckley. His sister and his teacher give us more particulars in their letters, which follow:

His sister writes:

"DEAR SISTER: How wonderful to hear that my little brother won the trip to Lourdes and to the Eucharistic Congress, in Ireland, for which we all are very, very grateful. . . .

"It was wonderful to see him after he received the telegram. He seemed so dazed that he could hardly speak, for it was a blessing that he thought he would never receive. And Oh! he appreciates it and will never forget it as long as he lives, and he will say a prayer every night for his unknown benefactor. None of us will ever forget him either, for we are very thankful to God to think that, out of the 5,000, God chose one from our little nest!

"Dannie's first thought was to give it to my mother, but she would never accept it, since it was his good fortune.

"I suppose I must say a few words about the family. There are nine in all—my mother, five boys and three girls; the oldest is 18, the youngest 9. I am 17, a senior in St. Patrick's High.

"Now for the information:

"Daniel P. Buckley, 162 Abbott Street, St. Patrick's School, grade 5, 9 years of age.

"I am sending you a clipping from the papers, also a small picture of him, which I hope you will receive before the magazine goes to press.

"Again I thank you and the 'kind donor' for bringing such joy into our family.

Your most grateful friend,

MARY BUCKLEY."

Sister Frances Therèse, Daniel's teacher, writes:

ST. PATRICK'S CONVENT,
LAWRENCE, MASS.

DEAR SISTER: Needless to say, we are all overjoyed at

the wonderful favor granted to one of our little ones.

I wanted to let you know that I feel we owe it to St. Tarcisius. Our class is especially devoted to him, and Daniel is on the Tarcisian side.

I was fortunate enough to possess a first-class relic of the youthful saint; but on one occasion I lent it to some one. When I got it back the relic, which had been loose from its setting, was gone. Of course I was extremely sorry. But I kept the reliquary.

After writing the names of the boys, I put them away with the reliquary and prayed very fervently to St. Tarcisius, that if he wished me to value the empty reliquary, he would have one of the boys on the list selected.

As to Daniel Buckley, I don't think I had a more worthy boy. He is the youngest of eight children. When the father was dying, eight years ago, the mother dressed all her little tots in white and had them meet the priest at the door with lighted candles. You see how the mother has always instilled love of the Eucharist in the little ones confided to her care.

I will offer my first hour in class, as long as I teach, for your intentions.

Very sincerely in the Sacred Heart,

SISTER FRANCES THERESE.

EDITOR'S NOTE: How beautifully the Irish faith blossoms in the New World is illustrated by Mrs. Buckley's reception of Our Lord in her house. What a consoling and Catholic sick-room scene it must have been, to see the priest carrying the Holy Viaticum to the dying father, accompanied by little children all dressed in white and carrying lighted candles! Surely the age of wonderful Catholic mothers is not passed and it is good that now and then something of this nature comes to light as an example to others.

PITCH YOUR TENT

LETTER FROM THE BISHOP OF PATNA, INDIA

BISHOP'S HOUSE,
BANKIPORE, INDIA.

DEAR DR. DENGEL: I thank you most sincerely for your letter and above all for the assurance that you will be very glad to undertake a Medical Mission in Patna diocese, particularly in "the Santal country." This is nothing short of grand from our point of view. We are so badly in need of help, and the field is so rich for conversions of a gratifying kind that your encouraging letter has meant much to us.

You would like to know a year before hand in order to prepare. Really, as far as work goes, I could take you tomorrow. The difficulty comes from proper housing and proper buildings for dispensary and hospital work. If your Sisters are ready to pioneer, to live with the Santals, and to use their houses and your tents, then we can begin immediately. I invite you even now to come to the Santal country and begin work. I realize that you have few Sisters and that perhaps you cannot come right away. But I wish you would consider taking up work as soon as possible. The difficulty of housing will be solved in course of time, and probably before very long, since we can get some land and build. Think all this over and let me know what you can do in the near future. The fall of 1932 would be a good time to send new Sisters to India. If you can give us Sisters already used to India, then they may pitch their tent any time.

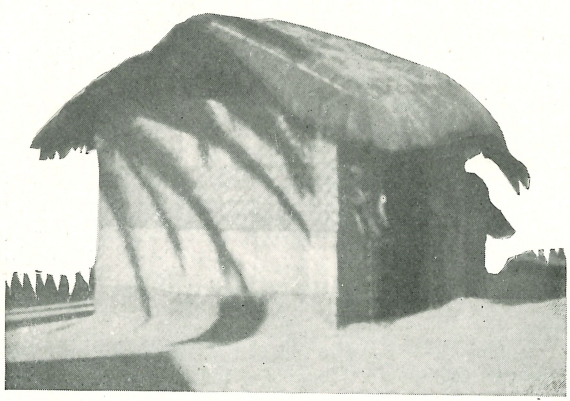
You would want a central dispensary and hospital and would work from there during opportune seasons into the villages and dispense your medicines and win souls to Christ. Bless God, you can hope to win them in rather large numbers amongst the Santals.

As far as the Fathers and I are concerned, you cannot come too soon. The I. B. V. Ms of Mary Ward are working in a part of our Santal field, and are most helpful. There is abundant room for several congregations. You will be most welcome.

God bless and prosper your congregation and its work.

Yours sincerely in Christ,

T. H. J. SULLIVAN, S.J.



A roof over one's head is sufficient to begin with

VIATICUM

THE STORY OF TARCISIUS TAKEN FROM FABIOLA

IT WAS the eve of a "fighting with the beasts," that is Christians being exposed to them. A sumptuous public feast was prepared for the victims, and their friends were allowed to have a last meeting with them.

In the Catacombs, early next morning, the pious priest Dionysius consecrated the Sacred Bread to send it to the martyrs-to-be, to strengthen them in their last combat. The priest turned round from the altar on which It was placed to see who could be the safest bearer. Before any others could step forward, the young acolyte, Tarcisius, knelt at his feet. With his hands extended before him, ready to receive the sacred deposit, with a countenance beautiful in its lovely innocence, he seemed to entreat for preference and even to claim it.

"Thou art too young," said the kind priest, filled with admiration of the picture before him.

"My youth, holy father, will be my best protection. Oh! do not refuse me this great honor." The tears stood in the boy's eyes and his cheeks glowed with a modest emotion as he spoke these words. He stretched forth his hands eagerly, and his entreaty was so full of fervor and courage that the plea was irresistible. The priest took the Divine Mysteries wrapped up carefully in a linen cloth, then in an outer covering and put them on his palms, saying:

"Remember, Tarcisius, what a treasure is entrusted to thy feeble care. Avoid public places as thou goest along, and remember that holy things must not be delivered to dogs, nor pearls be cast before swine. Thou wilt keep safely God's sacred gifts?"

"I will die rather than betray them," answered the holy youth, as he folded the heavenly trust in his tunic and with cheerful reverence started on the journey. There was a gravity beyond his years stamped upon his countenance, as he tripped lightly along the streets, avoiding equally the more public and the low thoroughfares. A rich lady stopped him on the way and invited him to her rich mansion. But he would not tarry.

Further on his way, boys just leaving school rejoiced at his sight, knowing him to be a good playmate. They entreated him to take part in the game. "I cannot," he answered. "I am going on business of great importance." The boys insisted on his playing with them. But he asked them again to let him go. "What is it that you seem to be carrying so carefully in your bosom?" "A letter, I suppose," said one of them. "Give it to me while I put it by safely, while we play." And he tried to snatch the sacred deposit from him.

"Never, never," answered the child, looking up towards heaven. "I will see it," insisted another rudely. And he commenced pulling him roughly about. Men from the neighborhood soon crowded round; all asked eagerly what was the matter. They saw a boy, who with folded arms, seemed endowed with supernatural strength, as he resisted every effort of one much bigger and stronger, to make him reveal what he was carrying. Cuffs, blows, pulls, kicks seemed to have no effect. He bore them all without murmur or attempt to retaliate; but he unflinchingly kept his purpose.

"What is it? What can it be?" One began to ask the other when Fulvius, a persecutor of the Christians, chanced to pass by. He at once recognized Tarcisius. Having the appearance of an educated man, he was asked what it could be. He replied contemptuously: "Why only a Christian ass, bearing the mysteries."

This was enough. Heathen curiosity was aroused and a general demand was made to see his charge. "Never with life," was his only reply. A heavy blow from a smith's fist nearly stunned him while the blood flowed from the wound. Another and another followed, till, covered with bruises, but with his arms crossed fast upon his breast, he fell heavily on the ground. The mob closed upon him; and rough men were just seizing him to tear his thrice holy trust from him, when they felt themselves pushed aside by a tall, athletic officer, who raised the boy and asked him if he was much hurt. "Never mind," answered Tarcisius, opening his eyes with a smile; "but I am carrying the divine mysteries; take care of them." The soldier took the dying boy with reverence into his arms, realizing that the load was not only the relics of a youthful martyr, but the very Lord and King of Martyrs. The gallant bearer of the burden did not feel the weight of the burden. The lady whom he met but an hour before, chanced to pass by; she recognized the boy and was struck with awe at his rapid death. The short meeting with him, however, led to her becoming a Christian.

The venerable Dionysius was overcome with emotion as he opened the child's hands and took from them unviolated, the Holy of Holies. Looking at him, he seemed more like an angel now, sleeping the martyr's slumber, than he did before.

He was buried in the cemetery of Callistus and the Holy Pope Damasus composed for him an epitaph, which shows that the belief in the real presence of Our Lord's Body in the Blessed Eucharist was the same then as now.

"Christ's secret gifts, by good Tarcisius borne,
The mob profanely bade him to display;
He rather gave his own limbs to be torn,
Than Christ's celestial to mad dogs betray."

THE BRAHMIN COMES TO THE HOSPITAL

By SISTER M. LAETITIA, R.N.

ONE day, when our "Munshi," came to give us our daily Urdu lesson, he announced that his wife had gone to see her mother in a village a few miles away. "Fine," said we politely and thought no more about it.

Five or six days later he came to class in a very worried and excited state. "Look," said he, "read." He produced a letter from his mother-in-law saying that his wife was very sick and to please send a large supply of medicine (*bahut dawai*) at once. He asked us for the dawai. "Certainly," we said, "what disease is she suffering from?" He did not know; the only information contained in the letter was that the *bibi* (wife) was very sick and the usual demand for *bahut dawai!* He thought and thought. Suddenly he exclaimed: "Oh, she has fever." We were amused at this enlightening remark, and gave a little medicine for the "fever."

Next day, he turned up more worried than ever with another letter from his mother-in-law demanding to know why he had not sent the medicine, which could not possibly have arrived between the writing of the two letters. This letter was to tell him, poor, worried man that he already was, that now his wife was very sick, that he was just leaving her to die and that he did not seem to care in the least about her. The local *hakim,* (medicine man), the letter also stated, had made a diagnosis of malaria, typhoid or something else. We suggested that he go to the village at once, to bring Lachmi back if it was possible to move her. There was no knowing whether she was really sick, perhaps even dying or she might have only a slight cold. "Well," said our economical munshi, "the day after tomorrow is Sunday, I shall have no lessons to give, I will go then." He earns Rs. 1.00 (37 cents) per hour. On Sunday, a very hot day, he brought poor Lachmi to the hospital in a *tonga* (native cart). One glance was enough. She was a very sick woman. Pneumonia!

"Leave her with us," I suggested a little hopefully. "I can not," he replied, "I would break caste and what would people say?" Sick as she was, Lachmi violently demanded to be taken home. Poor old munshi looked more worried than ever. "What can I do?" he said, "she says, 'No.'" "Do," thought I to myself, "put your foot down and make her stay," but it was no use saying anything. Brahman folk and *Pundits* at that! It was quite true, they would be everlastingly disgraced if one of them went to the hospital, and all the friends and relatives would say he was deserting his wife.

Well, we gave them *dawai* (medicine) and lots of advice and home they went. Lachmi was very ill, but somehow managed to recover. It is a wonder how any native ever gets over pneumonia or any other disease, for that matter. They are put into a room with no windows and the door is kept closed. Usually, unless it is very hot, there is an open charcoal fire in the middle of the room or under the bed, always more or less smelly and smoky. Here the poor patient lies, in air so thick that it could be cut with a knife, as the saying goes. No baths or sponges and no water which in their opinion is extremely bad for fever.

She was well on the road to recovery when one day the munshi came in a panic. "Sister," said he, "Lachmi is expectorating blood, what shall I do?" I suggested, rather hopelessly, "hospital." "She won't come. *You* come and fetch her." I said that I could not bring her by force. "Then, what shall I do?" he repeated again. Finally I said: "Now look here, it is up to you. You are supposed to be supreme lord and master of the house. If your wife stays at home she will very likely die; she may die even if she comes to the hospital, but, at least, she has a fighting chance. If you care for your wife, bring her!

Poor man! He was in an awful quandry. He did not want to break caste, he did not want everybody to say he had deserted his wife, but above all he did not want her to die. "Come and bring her, Sister, if you can," he said, almost despairingly. So I got out "Henry" and we made our way along the narrow twisting streets, full of bullock carts, cows and open drains, to munshi's house. We found the *"Bibi"* had had a relapse. She had probably cleared her throat too violently. I think that the hemorrhage rather frightened her. She had immediately thought of consumption which is most prevalent among the Indians and frightens them to death. So after many, many more hesitations and a few feeble protestations from Lachmi, we managed to get her into the car and go to the hospital. More complications! No one high caste enough to feed her and give her water! Now what were we to do? Poor Lachmi and poor us. Suddenly some one thought of the gardener (who does not believe at all that cleanliness is next to godliness), and who, although uneducated, is still a real *pakka* high caste. So he was promoted to the position of Lachmi's nurse. They had, of course, their own cups, own water, own milk from their own cow and an open stove. Every time it was necessary to give Lachmi food, we called the *mali* who lit the fire and warmed the milk, afterwards washing the vessels vigorously with his nice, muddy hands. We were thinking of dressing him up in cap and apron. Unfortunately Lachmi's mother arrived from the village to look after her.

The mother was a very nice, clean, old lady with many difficulties. As she was the wife's mother she could not eat anything in her son-in-law's house except what she brought and cooked herself. That is a Hindu custom, in order that

(Continued on page 13)

ORIENTAL WOMEN I HAVE MET

By Dr. Anna Dengel

Invisible Ladies of Peshawar

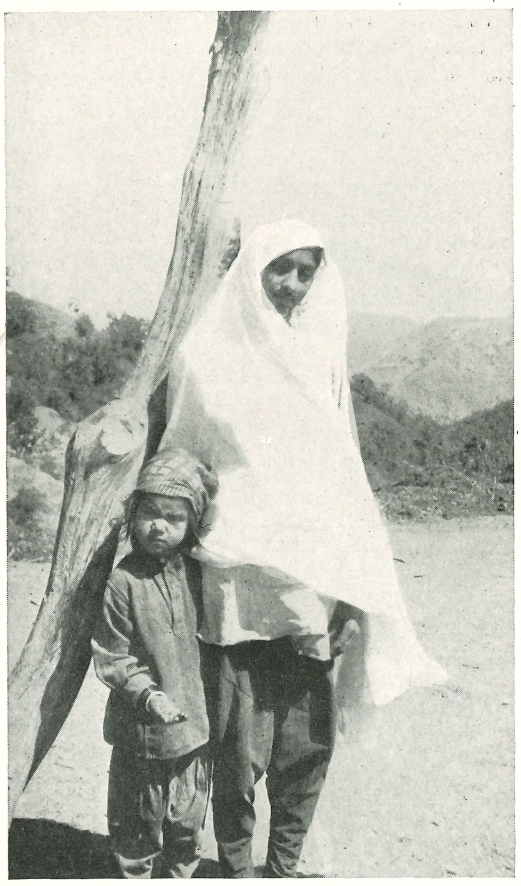
ON ST. PATRICK'S DAY the furthermost corner of Hindustan is in its bridal glory. The air is still bracing; the wheat fields are a soothing sight to the eye, and here and there a peach orchard in full bloom makes one see everything rosy and puts one into the happiest of moods. This is the psychological moment to visit a city where, perhaps more than in any other part of the world, the devout Mussulman believes in securing his eternal salvation by shortening the days of an unbeliever.

Peshawar—also called the City of a Hundred and One Sins, of which murder is foremost—lies at the foot of the historic Khyber Pass, at the entrance of forbidden Afghanistan. For some time past, on account of trouble on the border line, it has been surrounded by thick barbed wire. During the day, however, it is easy to go in and out.

Like most Indian cities, it has its cantonment, or European quarter, as well as the native city; in all harboring about 100,000 people. My friend and I went straight to the Presentation School, where the sisters welcomed us with characteristic Irish hospitality. Their touch of brogue and a patch of real shamrock on their habits made us feel that we had come to the right place on the right day.

We were struck with the wealth of flowers and riot of color on all sides, especially the profusion of lilies, the rich and varied shades of the cinerarias and the large double anemones. The Mill Hill Fathers, who have charge of this mission, certainly take advantage of nature's bounty. I never saw any church or presbytery in such a floral setting. Our next visit was to the native city.

We had heard a great deal about the swiftness of Peshawar horses; now actually drawn by one, we were experiencing the truth of the report. All I can say is, that more than half the time I felt suspended in mid-air. The tongawalla (driver) laughed when we told him to go slowly and pointed to another fiery steed quicker than ours. Upon entering the city we saw that it was partly made up of brick houses two or three stories high and partly of mud dwellings. The streets are narrow and lined with Bazaars exceptionally picturesque. Nearly all the people are Pathans, staunch Mohammedans, tall, handsome, wiry men, with a certain fierceness about their eyes and their demeanor. Their most treasured possession, we were told, is a rifle, and they like to use it too.



Pathani and child

They were surprised to see foreigners, but looked friendly and anxious to sell us their goods. "Here are silks and velvets!" one called. Another held up some jewels. As we approached, we saw amongst many other attractions necklaces of cloves, with big mirrors attached to them, which the women are fond of wearing. Moving on, a stall or two, I discovered a display of what I thought were costume belts, made up of beads and mirrors. On inquiry, I found out that they were horse necklaces, in common use in this district. I purchased one for less than a dollar; it was strong and heavy and made up of large blue beads alternating with mirrors in glistening green and red frames. Another of Peshawar's famous productions which attracted our attention was the footwear. Varieties offered for sale range from heavy but graceful sandals to the daintiest golden slippers with purple and scarlet silk tassels.

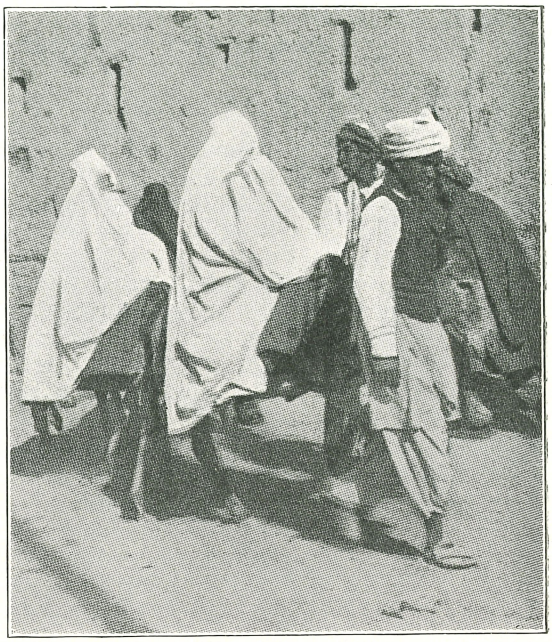
We looked about for women, but not one could be seen in the bazaar, for the Peshawar women keep seclusion very strictly. I had met several however before, and realized that their renowned beauty is not a fairy tale. Their complexion is light, their features almost of a Jewish type. Their physical build is much stronger than that of any other Indian women I have seen. Their eyes are large and lustrous; they wear a little fringe of hair, neatly cut, in front of their ears, and they are fond of rouge and perfumes. They wear as

much jewelry as their husbands can afford. I must add an impression made upon me by those at least whom I have met. They were full of simple charm and from a certain vigor and energy they displayed, I am convinced that if they were free and guided by the right principles, they would be leaders in that quiet battle against the wrongs of Indian womanhood—polygamy, divorce, infant marriage, and the condemnation of the widow to a life of loneliness and misery.

As far as I could discover, only one friendly link was made there so far between them and Christianity by the single available means: "a mission hospital." It was a Protestant one. We visited it and were treated very cordially. One of the two doctors in charge was just operating. The nurse who showed us around remarked that, although a Scotchman, he wears a turban as a rule to adapt himself more to the surroundings. She also took us to the room where every morning the Bible is read and taught to the patients. In a very convincing manner this Protestant nurse said: "You know, that's why we are here; that's why we give our lives!" It was very much struck by the picture over the mantelpiece, representing Our Lord tied to the pillar covered with blood from the scourging, while the cruel mob rushed by heedlessly, only a nurse casting a mere professional glance at Him. Of course, it is a pessimistic picture, but perhaps there is some truth in it, too.

A unique feature of the hospital is the caravansary attached to it, where the relatives of the patients who come from Turkestan, Kafristan, and Afghanistan may stay as long as necessary.

In one room is the photograph of Dr. Starr, who, for the love of God, for several years had given his professional skill to the Pathans and was treacherously murdered by them. Also that of Mrs. Starr, who is a trained nurse and who heroically continued to work for some time in the hospital for the people who had killed her husband.



Veiled women of the North of India

It was Mrs. Starr to whom, a few years ago, the Government entrusted the task of rescuing Miss Elliott, the 17-year-old daughter of a British officer, who had been kidnapped. The tribesmen, having murdered her mother, had carried the young lady across the border, where there was not one white man. Mrs. Starr had an escort, it is true, but the Commissioner sent her because he was well aware that nobody understands the natives so well and has so much influence with them as those who help them daily in their bodily ailments.

THE BRAHMIN COMES TO THE HOSPITAL

(Continued from page 11)

the wife's mother may not become a charge to the long-suffering husband. But his mother may live in the house and often does. It is a very involved custom. For instance, our munshi may eat in his elder brother's house but not in his younger brother's nor in his sister's. I do not know how they keep it straight, with whom, and in whose houses they may and may not eat, although I think it really may be summed up thus: they may not eat in any relative's house who is younger or less important. This is not from a viewpoint of pride but because the elder in India has always a better share in the family fortune than the younger. The idea is not to impose on others, but it has been carried to absurd extremes.

Lachmi, thanks be to God, again started on the road to health and we suggested a little more food, eggs, for instance. Horrors! Brahmans eat eggs! Not till the moon turns blue! "Well," we said to the much harrassed munchi "she must take more than milk or she will not pick up properly." "She may have egg-nogs as a strengthening medicine, but do not give any explanations," he said. So there were great preparations making egg-nogs, but Lachmi found out. Consternation! She might have consumed her own grandmother or some other ancestor in the living egg. Our munshi is a bit of a genius though. "Never mind," said he, "I will take you to be purified." So once more peace reigned.

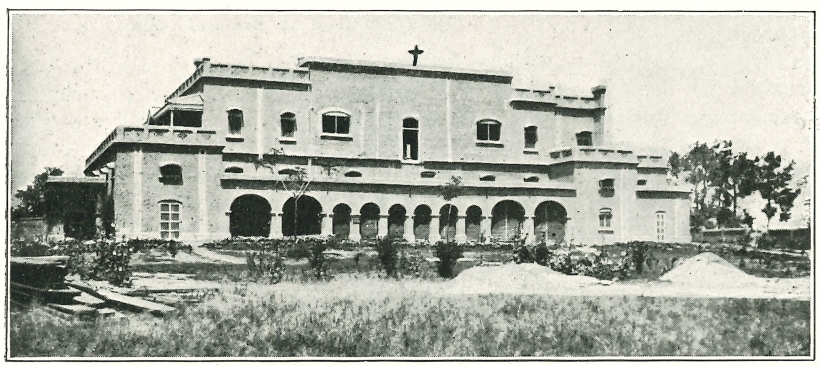
One night the Sister on duty heard Lachmi calling for water, and she had not the heart to call the old lady who seemed fast asleep. So she went to give her some water and was in the act of pouring it from the water-vessel when the old lady happened to awake. Lachmi drank the water without a murmur. But caste was broken so there followed several hours of vigorous scrubbing of utensils, furniture, clothes, etc., before another drink cou'd be taken.

What it is to belong to the highest caste in India! Life is full of complications.

A GLIMPSE AT SOME OF THE PATIENTS OF THE HOLY FAMILY HOSPITAL, RAWALPINDI

TODAY, January the twenty-third, is an anniversary of mine. A year ago on that day I sailed from Pier Ninety-five in New York for my present duty, and by the way, I will tell you that I celebrated this first anniversary first by thanking God for my vocation and secondly by spending a little extra time praying that He would answer many nurses' prayers for positions and ours for nurses, as we hear so much of unemployment among them at home and we on the other hand are so short of Sisters. By introducing you to my patients, you will easily see, how we would welcome nurses here. Of course our Indian student nurses are a great help already, but they need instruction and supervision.

First I present to you our baby. Kamla is a little Hindu girl who came to us November 1, 1931, for a home until her step-mother could care for her. She was forty days old then and weighed



Holy Family Hospital

six and a half pounds. Now she weighs nine pounds and twelve ounces. Her father is a well-to-do lawyer. He and some relatives come to see her every two weeks and are so pleased. We can count on her company until April first.

We will see the Hindu ward next. Do not be surprised at all the beds. Each patient has her rishtedar—a relative or friend who remains with her as companion. To the left is Sitawanti. She is a Sikh, but we usually put them with the Hindus. She came in at 5 p. m. almost in shock from loss of blood. An immediate D. and C. and a saline infusion almost cured her. The Sikhs seem to hesitate less in calling a real M.D. or giving their consent to an operation, which is all to their credit and benefit.

To the right is Kushiliya, a Hindu, only 19. She has been coming to the dispensary regularly for almost two years. She is an arrested T.B. but since her last baby arrived two months ago, she is running a daily temperature of 102 degrees to 103 degrees but her present trouble is a pelvic abscess. She will most likely be taken home before any consent to an operation will be given. The other two are out in the sun. They all go out in charpays, as they call the string beds. They are most comfortable. Across the hall is an Indian private room. Mrs. Cama is a Parsee, who are very fine people. Today is her second day in the hospital. She had a girl instead of the boy she ordered but is quite happy. She speaks English perfectly and takes our food. She also has her own servant with her.

The Mohammedan ward is next to the Hindu ward and is the same size.

In this left corner is Zaraniji, a real village girl. She came to the dispensary with a temperature of 103 and a chest full of rales and hardly able to breathe. A real pneumonia case but she doubtless is also asthmatic. We were all ready for a P. R. N. Caesarian Sunday night but she passed her crisis and there was no special difficulty. She was hardly fixed up when the good husband asked if he could take her home at 9 o'clock! This is a typical pair. He is about 40. She says that she is 15 or 16 and you see she may be even younger. He comes very early so as to get in as soon as the gate of the hospital compound is opened. He cooks for her and himself and by every means tries to feed the baby. This morning I am sure he put tea in the bottle intended for water. This is only one thing. At least four times yesterday the nurses called me to see him trying to give the baby a pacifier—a piece of rag dipped in clarified butter and then in sugar. Besides he is sure the baby will die if it does not get some malish, which usually is a good rubbing with oil: Q. I. D. Please do not observe its clothes so closely. They were clean less than an hour ago. He puts coal on his fire and then handles the baby and you see that coal and oil mix well. Nurseries would be such a blessing, but here one is glad that the people come to the hospital and you let them have their own way, enough to keep them happy. That is about 75 per cent of good nursing, here in the north of the country.

Mulhia is next. She beams no matter what happens. Mulhia is one of our sweeper women and works very bad. After a week of fever she consented to go to bed—a real flu pneumonia. Her little girls come and do the inside sweeping and her husband sweeps the yard so her pay goes on, the work gets done and then Mulhia is satisfied. She is a Hindu and certainly puts one to shame when disposition is concerned. Her smile is perpetual.

Our little Reenie is from the Sisters' Orphanage. Her sister is with her there. A very sad case. The father was executed a few months ago for the murder of his wife. Reenie spent two months with us last fall getting built up. She is three but looks badly after this illness. Her temperature for a week never wavered below 103 degrees. We consider her an unresolved pneumonia now and hope she will soon be up again. She asked for curry yesterday which is a good sign.

Poor little Salome here is a most patient little soul. She is a Christian, I think from the American Protestant Mission near here. She has an abdominal tumor; in all probability it is a malignant growth. The pressure is all on one side and her left limb is three times its normal size. Her condition does not permit an operation and having already had one recently, we can only treat her anaemia and keep her comfortable for the present.

Rahiman needs two hours of persuasion before she consents to go outdoors; once there, she is happy. Last November Rahiman came in with a phlebitis of her left leg which followed the birth of her first baby. She is 16 and married a year and three months. She is a Mohammedan. Her phlebitis responded splendidly to rest and treatment but a pain in her right hip and extending down to her toes gave her considerable trouble. Osteomalacia was suspected and cod liver oil and oranges and sunlight were ordered. She was discharged with these orders, but like the average mortal, when she felt better, she neglected the treatment. The X-Ray now shows the disease well advanced but under vigorous treatment we hope that she will be better in two months. Her baby girl is also a patient. We have two formula babies; one does not know which of the two is the nicest.

We will just take a peek in Sister's Dispensary. Today is a nice day and for this time of the year there may be about 30 patients. In summer there are many more.

The operating room is on the way out, so we will just glance at it and the laboratory and go out this side door into the garden. This is where they all congregate on nice days; by 10 o'clock they will all be here but the babies; we keep them on the other verandah.

Mayawanti here is a Sikh, only 24, and has been with us since December 30, 1931. Ten days before she had fallen off a roof and fractured one of her lumbar vertebrae very badly; it is really crushed. At that time, her well wishers had applied external heat and she being paralyzed from the fracture, received very bad burns on her back and both legs. Her back was the problem, as a very deep bed sore developed on the site of the burn. She made great efforts to help us relieve the pressure but you see the difficulty: she has sensation but can not move. Now she spends about 18 hours of the 24 on her face and the ulcer is almost all filled in. The sun does her good. She has several hours exposure daily. Like all these cases she needs much care.

Besides an English patient in a private room this little woman here is our last and most interesting. Baghwanti is 33 and a Hindu. She is here since the first week in December. She is ready to go home tomorrow. This is her third Caesarian in our hospital. The two other babies are both dead, one lived five months, the other died just after his third birthday. The mother does not know how to take care of them nor is she really physically capable. This last baby weighs only four and a half pounds but is quite all right. She weighs about 80 pounds or so. We just pick her up and carry her at will. She is so bent now that her height has decreased by a foot or more. She is suffering from osteamalacia, in an advanced degree, past the painful period. At present, however, she is suffering somewhat, probably due to the loss of more calcium. Her mother-in-law looks so much like her that only yesterday I knew the truth. I took for granted it was her own sister.

Some of our little patients

This gives you a little idea of the variety of nursing here. It is not what it is in U. S. A., and one sees every case from admission to discharge.

Had we more missionaries, we could take care of more patients here and we could carry on village and prenatal work and open some much needed hospitals in other districts. What more can we do than pray for vocations and make the needs known to you.

"Behold, I say to you, lift up your eyes and see the countries, for they are white already to harvest. And he that reapeth, receiveth wages and gathereth fruit unto life everlasting." (John IV, 35-36.)

Sr. M. M.

ADDRESS OF OUR MISSIONARIES

Holy Family Hospital, Rawalpindi, India.
Mitford Hospital, Dacca, India.

Medical Mission House, Brookland, Washington, D. C.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. M. J. Curley, D.D., Archbishop of Baltimore. The Society is designed to meet the need existing in all parts of the foreign mission field for Catholic medical women, willing to devote their life and profession to the service of the suffering millions in non-Christian countries.

It is intended for qualified women: Doctors, dentists, nurses, pharmacists, dietitians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for their generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or condition being excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the profession after admission, or with a view to devoting themselves to non-medical work inevitably connected with the undertakings of the Society at home and abroad.

The requirements for admission are the same as for other religious communities.

The field of labor of the Society is not restricted to any one particular Mission country. The Society conducts now two hospitals and training schools for Indian nurses and two public health centers in India.

Please address inquiries to Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C., U. S. A.

"It is my great desire and ambition to foster public interest in Medical Missions." Pius XI.

At least one Catholic hospital in every mission diocese is not a fanciful dream but a necessary requirement of mission development. *Public Interest* is needed to attain this goal. The more subscribers the more public interest.

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